



RECORD OF EXIT INTERVIEW

INSTRUCTIONS: This form is to be used in the exit interview process with departing employees. Information gathered on this form is for official use only within the Department of Veterans Affairs. The three sections are to be completed as follows:

SECTION A - Employee Information. Complete this section prior to meeting with the employee. Data can be extracted from available records. If information obtained in Section C is shared with other officials having a legitimate need, care should be taken to ensure employee confidentiality.

SECTION B - Discussion Topics. Use this section as a checklist to ensure that the employee is aware of his/her rights and potential benefits as a former VA employee. Any questions the employee may have concerning these benefits can be answered at this time.

SECTION C - Employee Opinions (Optional). This section provides an opportunity for the employee to identify problems or areas of concern which may need attention by management. Remarks may be positive, negative or mixed. It is imperative that the employee be assured of the confidentiality of his/her comments to encourage candor.

SECTION A - EMPLOYEE INFORMATION

1. NAME OF EMPLOYEE (<i>Last, First, Middle Initial</i>)		2. VETERAN STATUS (<i>PAID Code</i>)		3. TYPE OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VRA	
4A. POSITION TITLE AND ORGANIZATIONAL SERIES		4B. GRADE		5. ORGANIZATION (<i>Service, Division, etc.</i>)	
6. DATE OF LAST PROMOTION		7. YEARS IN PRESENT POSITION		8. YEARS IN VA	
				9. DATE OF SEPARATION	
10. NAME AND TITLE OF SUPERVISOR					
11. TYPE OF SEPARATION		12. EMPLOYEE'S STATED REASON FOR SEPARATION (<i>Employee-initiated actions only</i>)			

SECTION B - DISCUSSION TOPICS (*Check each of topics which were discussed with the employee, as applicable.*)

13A. LEAVE AND LUMP SUM PAYMENT	13I. REEMPLOYMENT AND REINSTATEMENT
13B. FINAL PAY AND W-2 FORM	13J. PPD/CHEST X-RAY (IF REQUIRED)
13C. REQUEST FOR DELIVERY OF SALARY CHECK (VA FORM 1301a)	13K. IDENTIFICATION CARD (VA FORMS 84a, 4505 OR OTHER)
13D. RETIREMENT AND SOCIAL SECURITY	13L. NOTICE OF EMPLOYMENT, TRANSFER, OR SEPARATION OF A VETERAN (VA FORM 4535) VBA ONLY
13E. REFUND OF RETIREMENT CONTRIBUTIONS	13M. PROFICIENCY REPORT (VA FORM 10-2623) VHA ONLY
13F. FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM (FEHBP)	
13G. FEDERAL EMPLOYEE GOVERNMENT LIFE INSURANCE (FGLI)	
13H. UNEMPLOYMENT COMPENSATION (SF 8)	

SECTION C - EMPLOYEE OPINIONS (*Optional*)

14. DID THE EMPLOYEE FEEL THAT ADEQUATE TRAINING WAS RECEIVED TO PERFORM THE JOB?
☐ YES ☐ NO

EMPLOYEE'S OPINIONS ABOUT (<i>If additional space is needed, continue on reverse in Item 24.</i>)	(<i>Check one</i>)			
	EXCELLENT	GOOD	FAIR	POOR
15. PAY AND BENEFITS (<i>Adequate for job? Better pay elsewhere?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. WORKLOAD? (<i>Evenly distributed? Too much or too little to do?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. HOURS OF WORK AND WORKING CONDITIONS? (<i>Rotational shifts/environment?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. WORKING RELATIONSHIPS WITH CO-WORKERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. WORKING RELATIONSHIP WITH SUPERVISOR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. OPPORTUNITIES FOR TRAINING/DEVELOPMENT AND PROMOTION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. WHETHER HIS/HER SKILLS WERE FULLY UTILIZED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. WERE ACCOMMODATIONS MADE FOR ANY HANDICAP?				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT NEEDED (<i>Please explain</i>)				

23. WHAT CHANGES ARE SUGGESTED TO IMPROVE OPERATIONS AND CONDITIONS?

24. REMARKS *(Use this space, if needed to continue comments for preceding items or to provide additional information. Be sure to identify the item number to which comments apply.)*

25. SIGNATURE AND TITLE OF INTERVIEWER

26. DATE